	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION D1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		345309	B. WING	04/14/2016	
NAME OF PF	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE	0 1 2010
LIBERTY (COMMONS NSG AND RE	EHAB CTR OF HALIFAX CTY		01 CAROLINE AVENUE NELDON, NC 27890	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 000	INITIAL COMMENTS		K 000		
	as per The Code of F	xit conference all ere discussed and			
	Stories: 1 Construction Type: III Constructed: 1989 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Co Census = 43				
	The requirement at 4. NOT MET as evidence	2 CFR, Subpart 483.70(a) is æ by:			
K 025 SS=F	Smoke barriers shall least a one half hour constructed in accord barriers shall be perm atrium wall. Windows fire-rated glazing or b steel frames. 8.3, 19.3.7.3, 19.3.7.5 This STANDARD is n Based on observatio at approximately 9:00 deficiencies were not was non-compliant, s	ETY CODE STANDARD be constructed to provide at fire resistance rating and lance with 8.3. Smoke nitted to terminate at an shall be protected by y wired glass panels and bo not met as evidenced by: ns, on Thursday 4/14/2016 0 AM onward, the following ed: The smoke walls are pecific findings include: walls located on the front ration hall and the hall to the	К 025	The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of	5/29/16 do
		he left have holes and/or		correction. The plan of correction	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TATEMENT	OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G 01 - Main Building 01	(X3) DATE	<u>D. 0938-039</u> E SURVEY PLETED
		345309	B. WING		04	/14/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 01	
LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY				101 CAROLINE AVENUE WELDON, NC 27890		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETIO DATE
K 025	penetrations that wer with an approved fire maintain the fire resis There are multiple ca in the walls that are r an approved and liste fire stop assembly me 2000 NFPA 101 Sect Whenever or wherev system, condition, arr protection, or any oth compliance with the p device, equipment, sy arrangement, level of shall thereafter be ma exempts such mainter 2000 NFPA 101, 8.3. by this Code shall be wall to an outside wa from a smoke barrier combination thereof. continuous through a those found above a spaces. Exception: A smoke H occupied space below not be required to exi space, provided that forming the bottom of provides resistance to equal to that provided 2000 NFPA 101 Sect NFPA 101, 8.3.6.1. P cables, wires, air duc ducts, and similar but	re not sealed in accordance rated assemble in order to stance rating of the wall. able and conduit penetrations not sealed in accordance with ed fire stop assembly and/or ethod. ion 5.7 Maintenance. er any device, equipment, rangement, level of her feature is required for provisions of this Code, such ystem, condition, f protection, or other feature aintained unless the Code enance. 2* Smoke barriers required continuous from an outside II, from a floor to a floor, or to a smoke barrier or a Such barriers shall be II concealed spaces, such as ceiling, including interstitial barrier required for an w an interstitial space shall tend through the interstitial the construction assembly f the interstitial space o the passage of smoke d by the smoke barrier.	К 02	constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will corrected by the dates indicated. Though there were no residents immediately affected in this case, th a potential for all residents to be aff Maintenance Director will have all penetrations on administration hall right, to the left of 100 hall and all of penetrations filled with approved fire assemble by 5/29/16. Maintenance Director will check all walls and attic spaces for holes and penetrations that are not sealed in accordance with an approved fire ra assembly, which includes 5/8 sheet where applicable and also fire colla PVC conduit penetrations. Maintenance Director will go behind any contract ensure there are no new penetration Maintenance Director will check for penetrations weekly for four months until the issue is deemed resolved the Facility Safety Committee and Qual Assurance Committee (QA) and qual thereafter.	be nere is ected. to the onduit e rated smoke l/or ated t rock rs for ance or to ns. s or by the ity	

Facility ID: 923116

If continuation sheet Page 2 of 12

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 08/31/201 M APPROVE D. 0938-039
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING 01 -	ONSTRUCTION MAIN BUILDING 01	(X3) DATE	E SURVEY PLETED
		345309	B. WING		04	/14/2016
NAME OF PI	ROVIDER OR SUPPLIER	L	STR	EET ADDRESS, CITY, STATE, ZIP CODE	•	
LIBERTY	COMMONS NSG AND RE	EHAB CTR OF HALIFAX CTY	-	CAROLINE AVENUE CLDON, NC 27890		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 025	the smoke barrier sha conditions: a. It shall be filled with of maintaining the sm barrier. b. It shall be protected is designed for the sp 2) Where the penetra penetrate the smoke solidly set in the smole between the item and of the following condit a. It shall be filled with of maintaining the sm barrier. b. It shall be protected is designed for the sp 3) Where designs tak into consideration, an meet one of the follow a. It shall be made on barrier.	n the penetrating item and all meet one of the following in a material that is capable toke resistance of the smoke d by an approved device that tecific purpose. ting item uses a sleeve to barrier, the sleeve shall be ke barrier, and the space l the sleeve shall meet one tions: in a material that is capable toke resistance of the smoke d by an approved device that tecific purpose. e transmission of vibration by vibration isolation shall ving conditions: in either side of the smoke	K 025			
K 029 SS=F	referenced increases due to fire and/or smo	n minimum standards as the risk of death or injury oke. ETY CODE STANDARD	K 029			5/29/16

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 08/31/2016 FORM APPROVED OMB NO. 0938-0391
-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED	
		345309	B. WING		04/14/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LIDEDTV				101 CAROLINE AVENUE	
	LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			WELDON, NC 27890	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
K 029	the approved automa option is used, the arr other spaces by smol doors. Doors are self field-applied protectiv 48 inches from the bo permitted. 19.3.2.1 This STANDARD is r Based on observatio at approximately 9:00 deficiencies were not are non-cpmloiant. Sp 1. In the main electric corner there are pipes are not properly seale require resistence rat 2. The corridor door not self-closing and th to the sheeting on the broken and stripped a closure was mounted 3. The oxygen storage equipped with a self-of A. The storage roon hall was not equipped NFPA 101, 19.3.2.1 E NFPA 101, 8.2.4.4.1	cts hazardous areas. When tic fire extinguishing system eas are separated from ke resisting partitions and f-closing and non-rated or re plates that do not exceed ottom of the door are not met as evidenced by: ns, on Thursday 4/14/2016 0 AM onward, the following ed: The hazardous areas pecific findings included. cal room in the back right s penetrating the ceiling that ed in order to maintain the ing of the room. to the central supply room is ne door is no longer rate due e intior side of the door away from the doon were the l. ge room on 100 hall was not	К 02		and do le te will n of of be here is fected. es in orner VBT on check and there nce
	ducts, pneumatic tube building service equip smoke partitions shal	es and ducts, and similar oment that pass through I be protected as follows: en the penetrating item and		for four months or until the issue is deemed resolved by the Facility Sa Committee and Quality Assurance Committee (QA) and checked quar thereafter. 2. Maintenance Director ordered	fety terly

Facility ID: 923116

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		ID HUMAN SERVICES MEDICAID SERVICES				RM APPROVE NO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		345309	B. WING			4/14/2016
NAME OF P	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP	CODE	
LIBERTY	COMMONS NSG AND RE	EHAB CTR OF HALIFAX CTY		101 CAROLINE AVENUE WELDON, NC 27890		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 029	of limiting the transfer b. It shall be protected is designed for the sp (2) Where the penetra penetrate the smoke solidly set in the smo between the item and of the following condi a. It shall be filled with of limiting the transfer b. It shall be protected is designed for the sp (3) Where designs ta into consideration, an meet one of the follow a. It shall be made or partitions. b. It shall be made or partitions. b. It shall be made by designed for the spect 2000 NFPA 101 Sect Whenever or wherever system, condition, an protection, or any oth compliance with the p device, equipment, sy arrangement, level of	h a material that is capable r of smoke. d by an approved device that pecific purpose. ating item uses a sleeve to partition, the sleeve shall be ke partition, and the space d the sleeve shall meet one tions: h a material that is capable r of smoke. d by an approved device that pecific purpose. ke transmission of vibrations by vibration isolation shall wing conditions: n either side of the smoke r an approved device that is cific purpose. ion 5.7 Maintenance. er any device, equipment, rangement, level of er feature is required for provisions of this Code, such ystem, condition, f protection, or other feature aintained unless the Code	KO	 minute fire rated door for or room on 4/28/16. Facility of compliance by 5/29/16. Do ordered on 4/27/16 to be if 5/29/16. Maintenance Dire all fire rated doors to ensure defected doors and do a fradd door closures through on doors where required. Director check all doors the door closure and all fire rate defects weekly for four more issue is deemed resolved Safety Committee (QA) and check thereafter. Oxygen storage room ordered on 4/28/16. Maintenance Dire all doors that require a dow weekly for four more issue is deemed resolved Safety Committee (QA) and check thereafter. Oxygen storage room ordered on 4/28/16. Maintenance Dire all doors that require a dow weekly for four months or deemed resolved by the FC committee (QA) and check thereafter. Hazardous storage dow was ordered on 4/25/16. MDirector will do a facility and check all doors that require weekly for four months or deemed resolved by the FC committee (QA) and check thereafter. Hazardous storage dow was ordered on 4/25/16. MDirector will do a facility and check all doors that require weekly for four months or deemed resolved by the FC committee (QA) and check all doors that require weekly for four months or deemed resolved by the FC committee and Quality As Committee (QA) and check all doors that require weekly for four months or deemed resolved by the FC committee and Quality As Committee (QA) and check all doors that require weekly for four months or deemed resolved by the FC committee and Quality As Committee (QA) and check all doors that require weekly for four months or deemed resolved by the FC committee and Quality As Committee (QA) and check all doors that require weekly for four months or deemed resolved by the FC committee and Quality As Committee (QA) and check thereafter. 	will be in bor closure was n compliance by ector will check are there are no acility audit to nout the facility Maintenance that require a ted doors for onths or until the by the Facility ality Assurance the quarterly a closure was enance Director d door closures doors where ector will check or closure until the issue is facility Safety surance the quarterly bor closure for Maintenance udit to add door icclity on doors nce Director will e a door closure until the issue is facility Safety surance until the issue is facility on doors nce Director will e a door closure until the issue is facility Safety surance	

Event ID: MMRD21

Facility ID: 923116

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CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES			(FORM OMB NC	D: 08/31/20 MAPPROVE D. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /		E CONSTRUCTION (X3 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345309	B. WING			04/14/2016		
	ROVIDER OR SUPPLIER	HAB CTR OF HALIFAX CTY		10	REET ADDRESS, CITY, STATE, ZIP CODE DI CAROLINE AVENUE VELDON, NC 27890			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 045 K 045 SS=D	Illumination of means discharge, is arranged lighting fixture will not Lighting system shall operation or capable without manual interv This STANDARD is r Based on observatio at approximately 9:00 deficiencies were note was observed as non include. 1. The Rehab and Th front hall did not have power. NFPA 101, 19.2.8, 7.9 This deficiency affects compartments. Failure to comply with	eTY CODE STANDARD of egress, including exit d so that failure of any single leave the area in darkness. be either continuously in of automatic operation ention. 18.2.8, 19.2.8, 7.8 not met as evidenced by: ns, on Thursday 4/14/2016 AM onward, the following ed: The egress illumination compliant: specific findings		045	The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Though there were no residents immediately affected in this case, there a potential for all residents to be affecte On 4/28/16, Maintenance Director, installed emergency lighting in the reha gym. Maintenance Director will perform audit of all emergency lighting and add emergency lighting fixtures where required. A test of emergency lighting	is ed.	5/29/16	
K 061 SS=F	NFPA 101 LIFE SAFE	ETY CODE STANDARD	ĸ	061	system will be conducted monthly for for months by the Maintenance Director or until the issue is deemed resolved by th Facility Safety Committee and Quality Assurance Committee (QA) and checked quarterly thereafter.	ie	4/21/16	

Facility ID: 923116

1) PROVIDER/SUPPLIER/CLIA			OMB NC	0. 0938-0391
IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY LETED
345309	B. WING _		04/	14/2016
	· · · · · ·	STREET ADDRESS, CITY, STATE, 2		
LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY				
		WELDON, NC 27890		
MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
em supervisory d and monitored for with NFPA 72, and provide d is displayed at a pocation or approved inkler operation is .72 met as evidenced by: , on Thursday 4/14/2016 M onward, the following : The automatic sprinkler ant, specific findings supervisory signal could /. Supervisory signal could /. Supervisory signals rmanently except by the valve. 19.7.6, 4.6.12, NFPA 13, upervisory signal shall be pondition that would impair n of the sprinkler sory attachments shall be for integrity in accordance stinctive supervisory signal cate a condition that ctory operation of the rvisory signals shall sound either at a location within iat is constantly attended r at an approved, ng facility. all smoke compartments . inimum standards as e risk of death or iniury	K	The statements made of correction are not an act on the constitute an agreed alleged deficiencies. To compliance with all fedder regulations the facility he take the actions set fort correction. The plan of constitutes the facilities compliance such that all deficiencies cited have corrected by the dates in Though there were no reimmediately affected in a potential for all reside BFPE arrived on 4/21/11 relay so panel cannot be silenced except for rest shut off valve to sprinkle Maintenance Director we tamper weekly for four the source of the	Imission to and do ment with the remain in eral and state las taken or will h in this plan of correction allegation of I alleged been or will be indicated. residents this case, there is nts to be affected. 6 and added a e permanently oration of main er system. vill check sprinkler months or until the ed by the Facility	
	A Supervisory signal could . Supervisory signal shall be notified to the sprinkler and monitored for with NFPA 72, and provide is displayed at a cation or approved nkler operation is 72 met as evidenced by: on Thursday 4/14/2016 Monward, the following The automatic sprinkler and, specific findings supervisory signal could . Supervisory signal could . Supervisory signal shall be ndition that would impair no f the sprinkler or y attachments shall be for integrity in accordance tinctive supervisory signal cate a condition that cory operation of the visory signals shall be for integrity in accordance tinctive supervisory signal cate a condition that cory operation of the visory signals shall sound either at a location within at is constantly attended at an approved, ng facility.	A BUILDIN 345309 B. WING _ AB CTR OF HALIFAX CTY MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) ID PREFID TAG K C em supervisory d and monitored for with NFPA 72, and provide l is displayed at a cation or approved nkler operation is 72 met as evidenced by: on Thursday 4/14/2016 M onward, the following The automatic sprinkler ant, specific findings K C Supervisory signal could C. Supervisory signal could C. Supervisory signal could C. Supervisory signal shall be indition that would impair in of the sprinkler Ory attachments shall be for integrity in accordance tinctive supervisory signal cate a condition that tory operation of the visory signals shall sound either at a location within at is constantly attended r at an approved, ng facility. all smoke compartments. inimum standards as	A BUILDING 01 - MAIN BUILDING 01 345309 STREET ADDRESS, CITY, STATE, 2 101 CAROLINE AVENUE WELDON, NC 27890 MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) DID PREFIX IDENTIFYING INFORMATION) PROVIDER'S PLAN (EACU CORRECTIVE CROSS-REFERENCED DEFIC em supervisory d and monitored for ith NFPA 72, and provide lis displayed at a cation or approved nkler operation is 72 met as evidenced by: on Thursday 4/14/2016 M onward, the following The automatic sprinkler int, specific findings The statements made - correction are not an ac not constitute an agreei alleged deficiencies. To compliance with all fedd regulations the facility h take the actions set fort correction. The plan of constitutes the facilities the valve. 19.7.6, 4.6.12, NFPA 13, upervisory signal shall be indition that would impair no for the sprinkler Though there were no ro thurse the facilities shut off valve to sprinkler at a condition that tory operation of the visory signals shall bo indition that papervisory signal state a condition that tory operation of the visory signals shall sound either at a location within at is constantly attended at an approved, ng facility. State Compartments. inimum standards as	345309 B. WING

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STATEMENT (S FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED		
		345309	B. WING			04/14/2016		
	ROVIDER OR SUPPLIER	EHAB CTR OF HALIFAX CTY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890				14/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 061	Continued From page due to fire and/or smo	oke.	к	061				
K 062 SS=F	Required automatic s continuously maintain condition and are insp periodically. 19.7.6 9.7.5 This STANDARD is n Based on observatio at approximately 9:00 deficiencies were not was non-compliant. S 1: The control valves for the sprinkler syste to corrosion on the st not maintained in goo 2. Base upon docum inspections report the system need to be re 3. In the sprinkler rise rated for Intermediate Glass Bulb Color of C in place of Ordinary T Glass Bulb Color of F Ref: 2000 NFPA 101 13, NFPA 25, 9.7.5 Testing and Maintena Protection Systems. This deficiency affect Failure to comply with	hed in reliable operating pected and tested , 4.6.12, NFPA 13, NFPA 25, not met as evidenced by: ns, on Thursday 4/14/2016) AM onward, the following ed: The sprinkler system Specific findings included: s for the backflow preventor em could not be tested due ems. The valves were not od operating condition. ent review of the sprinkler place and/or recalibrated. er room a sprinkler heads a Temperature Classification, Green (200°F) is being used remperature Classification, Red (155°F). 19.7.6, 4.6.12, 1999 NFPA Standard for the Inspection, ince of Water-Based Fire	K	062	The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Though there were no residents immediately affected in this case, there a potential for all residents to be affected 1. BFPE has ordered necessary parts for existing backflow preventer valve for the sprinkler system. After consulting w surveyor, facility was granted a 28 day extension to be compliance by 6/26/16. Maintenance Director will conduct a test of tamper valve backflow preventer monthly for four months or until the issues is deemed resolved by the Facility Safe Committee and Quality Assurance Committee (QA) and quarterly thereafted Maintenance Director will also check behind BFPE after every inspection. 2. BFPE will replace water pressure	e is ed. s r ith st st ue ety	6/26/16	

Facility ID: 923116

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 08/31/201 FORM APPROVEI OMB NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION 11 - Main Building 01	(X3) DATE SURVEY COMPLETED
		345309	B. WING		04/14/2016
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	
LIBERTY	COMMONS NSG AND RE	HAB CTR OF HALIFAX CTY		01 CAROLINE AVENUE VELDON, NC 27890	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
K 062	Continued From page	28	K 062	 gauge on sprinkler system by 6/26/16. Maintenance Director will check to enswater pressure gauge on sprinkler system by or four moor until the issue is deemed resolved by the Facility Safety Committee and Qua Assurance Committee (QA) and quart thereafter. Maintenance Director will a check behind BFPE after every inspection. BFPE replaced 200 degree head 155 degree head on 6/26/16. Maintenance Director will check in the sprinkler riser room sprinkler head to ensure head is intact weekly for four months or until the issue is deemed resolved by the Facility Safety Commit and Quality Assurance Committee (Q/ and quarterly thereafter. Maintenance Director will also check behind BFPE after every inspection. 	sure stem nths by ality erly Iso with ttee A)
K 067 SS=D	Heating, ventilating, a with the provisions of in accordance with the specifications. 19.5 19.5.2.2 This STANDARD is r Based on observation at approximately 9:00 deficiencies were note detector was non-con include: 1. The smoke duct de unit in the attic on the	5.2.1, 9.2, NFPA 90A, not met as evidenced by: ns, on Thursday 4/14/2016 AM onward, the following	K 067	every inspection. The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or wil take the actions set forth in this plan o correction. The plan of correction constitutes the facilities allegation of	I

Facility ID: 923116

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 08/31/20 FORM APPROVE OMB NO. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		345309	B. WING		04/14/2016
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
LIBERTY	COMMONS NSG AND RE	HAB CTR OF HALIFAX CTY		101 CAROLINE AVENUE WELDON, NC 27890	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIO
K 067	was used for an exha NFPA 90A, 4-4.4.1 This deficiency affector compartments. Failure to comply with	and a short air sampling tube ust tube. ed two of five smoke n minimum standards as the risk of death or injury	K 067	 compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Though there were no residents immediately affected in this case, the a potential for all residents to be affect On 4/21/16, BFPE reinstalled the air sample tube in the correct direction p from return air. The exhaust tube was also replaced on the opposite side. Maintenance Director will check all ai sample tubes to ensure that tubes and correct direction pulling from return a Maintenance Director will conduct a monthly check of exhaust tubes for for months or until the issue is deemed resolved by the Facility Safety Comm and Quality Assurance Committee (G and checked quarterly thereafter. Maintenance Director will check behin any contractor that goes into the attic space. After the reinstallation of the sample sexhaust tubes, BFPE tested the smol duct detector on 4/21/16 and it function properly. Maintenance Director will te smoke duct detectors to ensure they function properly. Maintenance Director will the issue is deemed resolved by the Facility Safety Comm months, using a fog machine for simulated smoke, or until the issue is deemed resolved by the Facility Safet Committee (QA) and quarterly thereafter 	re is cted. ulling r e in ir. pur hittee DA) nd and ke pned ist all tor ty
K 104 SS=D	NFPA 101 LIFE SAFE	ETY CODE STANDARD	K 104		5/29/16
99-D		e barriers by ducts are ice with 8.3.5. Dampers are			

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ATEMENT	OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		345309	B. WING				04/14/2016
NAME OF P	ROVIDER OR SUPPLIER	1		ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
IBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY					01 CAROLINE AVENUE /ELDON, NC 27890		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
K 104	not required in duct p barriers in fully ducte sprinkler system in a provided for adjacent 18.3.7.3, 19.3.7.3. He damper testing interv NFPA 105. All other f maintain a 4-year da 8.3.5 This STANDARD is Based on observation at approximately 9:00 deficiencies were not are was non-complia 1. The two smoke d administration hall sr activation of the fire a NFPA 90A; Section 4 requirements of 4-4.3 alarm system is insta detectors required by 4-4 shall be connected accordance with the National Fire Alarm 0 NFPA 101: 8.2.4.4.3 This deficiency affect compartments. Failure to comply wit	 benetrations of smoke d HVAC systems where a coordance with 18/19.3.5 is smoke compartments. ospitals may apply a 6-year val conforming to NFPA 80 & nealth care facilities must mper maintenance interval. not met as evidenced by: ons, on Thursday 4/14/2016 O AM onward, the following ted: The smoke dampers include: ampers located in the noke wall did not close upon alarm when tested. e-4.4.2 In addition to the 8, where an approved fire illed in a building, the smoke of the provisions of Section ed to the fire alarm system in requirements of NFPA 72, code. 	K	104	The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or wil take the actions set forth in this plan of correction. The plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Though there were no residents immediately affected in this case, ther a potential for all residents to be affect BFPE added a relay to both supply an return duct to engage upon installation fire drill or actual fire on 4/27/16. Maintenance Director will check all sm dampers to ensure that they close upo activation. Maintenance Director will the smoke dampers by activating the fire p station to ensure the smoke dampers function properly monthly for four mon or until the issue is deemed resolved to the Facility Safety Committee and Qua	ll f re is ted. id n of pon est pull ths py	

Event ID: MMRD21

Facility ID: 923116

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		345309	B. WING		0	4/14/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	1112010
LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY				101 CAROLINE AVENUE WELDON, NC 27890		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 130 K 130 SS=D	K 130 NFPA 101 MISCELLANEOUS		K 130 K 130	The statements made on this plan o		4/14/16
	deficiencies were not Staff in the kitchen w familiar on how to ope case of an emergenc NFPA 96: 8-1.4 "Instr operating the fire-exti posted conspicuously	ed: /hen questioned were not erate the Ansul System in y.		correction are not an admission to a not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or take the actions set forth in this plan correction. The plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been or will l corrected by the dates indicated. Though there were no residents immediately affected in this case, th a potential for all residents to be affe On 4/14/16, Maintenance Director in-serviced dietary employees on ar system by instructing them to pull pi silver canister by side exit door, wal door and do not return to kitchen un cleared by Maintenance Director, Administrator or fire department. Procedure on how to activate ansul system will be posted conspicuously kitchen. Maintenance Director will re with staff on monthly fire drills and u the issue is deemed resolved by the Facility Safety Committee and Quali Assurance Committee (QA).	e will o of f be ected. nsul in on k out ttil y in eview intil e	

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